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REGISTERED PATENT ATTORNEY
LICENSED IN CALIFORNIA & NEVADA

November 7, 2006

ATTORNEY-CLIENT AND/OR WORK PRODUCT PRIVILEGED COMMUNICATION

This communication is protected by the attorney-client and/or the work product privilege and should be treated in a confidential manner. Any disclosure to other than key management personnel on a need-to-know basis may jeopardize the privilege and require disclosure to adverse parties in litigation.

Dr. Todd Swanson
14 Promontory Ridge Drive
Las Vegas, NV 89135-1671

Re: U.S. Patent Application Serial No.: 10/721,820
Title: METHOD AND APPARATUS FOR TREATING SUPRACONDYLAR
FRACTURES OF THE FEMUR (Continuation Application)
Our Reference No.: SWANS.0003P

Dear Todd:

Enclosed is a copy of a Response to Office Action and Terminal Disclaimer I filed on your behalf with the U.S. Patent and Trademark Office with respect to the above-referenced patent application. I would next expect to receive a Notice of Allowance of the application.

In the meantime, please do not hesitate to call me if you have any questions.

Very truly yours,

R. Scott Weide

Enclosure

TFW



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Todd V. Swanson)
)
 Appl. No. : 10/721,820)
)
 Filed : November 24, 2003)
)
 For : METHOD AND APPARATUS FOR)
 TREATING SUPRACONDYLAR)
 FRACTURES OF THE FEMUR)
)
 Examiner : Pedro Philogene)
)

Group Art Unit: 3733

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

November 7, 2006
 (Date)
 R. Scott Weide (Reg. No. 37,755)

TRANSMITTAL

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is:

- (X) A Response to Office Action in 5 pages;
- (X) A Terminal Disclaimer in 2 pages and check in the amount of \$65.00; and
- (X) A return prepaid postcard.

FEE CALCULATION

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	8	- 20 =	0	x \$ 50 =	\$0
Independent Claims	7	- 3 =	0	x \$200 =	\$0
If application contains any multiple dependent claim(s), then add				\$360	\$0
TOTAL					\$0
REDUCTION BY 1/2 FOR FILING BY A SMALL ENTITY					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

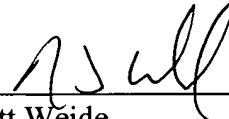
Appl. No. : 10/721,820
Filed : November 24, 2003

(X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No.: 502200. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: November 7, 2006

By: _____


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